



Town of Harwich ~ Employment Application

732 Main St. Harwich, MA 02645
Telephone (508) 430-7513 Fax (508) 432-5039

An Equal Opportunity / Affirmative Action Employer

PLEASE READ BEFORE FILLING OUT THIS APPLICATION

It is the policy of the Town of Harwich to afford equal employment opportunity to all qualified persons regardless of race, color, religion, national origin, age, military status, sexual orientation, disability, or gender, except where age or sex is a bonafide occupational qualification as allowed by the Civil Rights Act of 1964.

To be sure that your application is properly evaluated, all questions should be answered clearly, completely and accurately.

If you need more space, please attach a separate sheet.

Please print clearly in black or blue ink. Also, "see resume" is not acceptable in any field.

I. CONTACT INFORMATION

DATE _____

Name _____
Last First Middle

Address _____
Number Street Town State Zip Code

Mailing Address _____
(If different) Number Street Town State Zip Code

() ()
Telephone Cell Phone Email Address

National ID (SS #) (optional) _____ Are you over age 18? YES _____ NO _____

II. POSITION APPLYING FOR (Please specify position title)

How did you hear about the position?

Have you ever been employed by the Town of Harwich? When? What department?

III. LICENSES (Please list all licenses you possess that are relative to the position you seek). A valid license is a condition of employment, where required.

Do you have a valid driver's license (Class D Auto)? Yes _____ No _____ If yes, enter expiration date _____
Do you have a valid CDL License (Class A or B)? Yes _____ No _____ If yes, enter expiration date _____
Do you have a valid Hydraulic license? Yes _____ No _____ If yes, enter expiration date _____

What other valid licenses or certifications do you possess (job related)? _____

IV. OFFICE SKILLS (If applicable).

Check the column that you feel best describes your knowledge:

	√ Beginner	√ Intermediate Level	√ Advanced Level
Knowledge of Word Processing			
Knowledge of Spreadsheets			
Knowledge of Databases			
Automated Accounting System Knowledge			
Bookkeeping Knowledge			
Transcription Ability			
Shorthand/Speedwriting Ability			

V. EDUCATION

School	Name, Address, City, State	Years Attended	Degree
High School			
College			
Graduate School			
Trade, Business, Night Courses			
Military Service, Other Training			

VI. SPECIAL SKILLS.

Please list any other skills or abilities you feel are relevant: _____

VII. CRIMINAL HISTORY.*** Read Below Before Responding ***

A. Have you ever been convicted of a criminal offense? ____YES ____NO / NO RECORD

If your answer is YES, please state the date(s) of the charge(s) and final disposition(s) _____

Under Massachusetts Law, you may answer “no record” above if any of the following circumstances are applicable:

1. You have never been convicted for a violation of a criminal statute.
2. You have a first conviction for any of the following misdemeanors: (a) drunkenness, (b) simple assault, (c) speeding, (d) minor traffic violations, (e) affray, or (f) disturbance of the peace.
3. You have been convicted of misdemeanors where the date of conviction or the termination of incarceration, if any, occurred more than five years before the date of this application and you have not been convicted of a criminal offense within this five-year period.
4. You have a felony or misdemeanor conviction, which has been sealed pursuant to Massachusetts Law.
5. You have a juvenile delinquency or child in need of services complaints, which were not transferred to Superior Court for prosecution.

B. The Town of Harwich requires a Criminal Offense Record Inquiry (CORI check) on all prospective employees for certain positions. Where required this check will be performed regardless of criminal history information provided above.

C. A conviction will not necessarily be a bar to employment.

VIII. PRE-EMPLOYMENT DRUG TESTING.

All offers of employment are conditional upon the satisfactory completion of a pre-employment drug test, where required.

IX. EMPLOYMENT OF MINORS.

The Town of Harwich is subject to certain child labor provisions regarding the employment of persons under the age of 18. Further, an Employment Permit or Education Certificate may be required, depending on your age.

Are you under age 18? If yes, please indicate your age: _____

X. IMMEDIATE FAMILY.**IMMEDIATE FAMILY WORKING FOR THE TOWN OF HARWICH**

Please disclose any immediate family members, including those related to your immediate family by marriage, who are employed by the Town of Harwich. You are required to complete the information below. “Immediate family” is defined as a spouse, child, parent, and sibling; and the spouse’s child, parent and sibling. Include those employed in all branches of town government; and those employed as regular or contract employees, or elected officials. This “sunshine disclosure” is intended to ensure that the citizens of our town have full confidence in their government and its hiring process. The disclosure will not be used to exclude any qualified applicant seeking a position from receiving full consideration based on the merits of his/her credentials and the requirements of the job. Attach additional pages if needed.

Name of Relative	Relationship	Title of Relative’s Job	State Agency

XI. EMPLOYMENT HISTORY. (Please do not write, “see resume”. A resume may not be substituted but may be included as a supplement.) Please account for the last 4 position you have held. Start with your present or last employer. You may include military service and any verifiable work performed as in intern or volunteer.

You (____) may (____) may not contact my present employer.

Employer	Address
Telephone	Title
Supervisor	Dates Worked
Salary Received	Reason for Leaving

Description of Primary Duties:

Employer	Address
Telephone	Title
Supervisor	Dates Worked
Salary Received	Reason for Leaving

Description of Primary Duties:

Employer	Address
Telephone	Title
Supervisor	Dates Worked
Salary Received	Reason for Leaving

Description of Primary Duties:

Employer	Address
Telephone	Title
Supervisor	Dates Worked
Salary Received	Reason for Leaving

Description of Primary Duties:

XII. PROFESSIONAL REFERENCES

PROFESSIONAL REFERENCES (Not Personal):				
List 3 people not related to you who can comment on your work performance and/or experience.				
NAME	ADDRESS	PHONE	OCCUPATION	YEARS ACQUAINTED

**RELEASE AND CERTIFICATION
PLEASE READ BEFORE SIGNING**

I understand that acceptance of this application by the Town of Harwich does not imply that I will be employed.

The information that I have provided is true and complete. I understand that misrepresentation or omission of any fact in my application, resume, or in any other materials or as provided during interviews, can be justification for refusal of employment or can be justification for termination from employment, if employed.

I understand that any offer of employment that I receive from the Town of Harwich is contingent upon my successful completion of the pre-employment screening process including but no limited to the Town of Harwich receiving satisfactory references, a satisfactory criminal history and Criminal Offense Record Inquiry if required, satisfactory verification of driver's license or certifications where required and satisfactory completion of any required post-offer pre-employment drug test or physical examination.

In processing my application for employment, the Town of Harwich may verify all of the information provided by me concerning, among other things, my prior employment or military record, education, character, general reputation and personal characteristics.

I authorize the Town to take whatever steps deemed necessary to obtain information regarding my qualifications for employment including contacting my present and former employers, by contacting individuals listed as business, educational or personal references, and by contacting other individuals to provide or further clarify information about me.

I hereby release my present and former employers and all individuals contacted for factual information about me from any and all liability for damages arising from furnishing the requested information.

If employed by the Town of Harwich, I understand that as a condition of employment, I may be required to furnish additional or updated medical information, that I may be required to undergo a physical examination, that I may be subject to drug and/or alcohol testing, that the Town may require a Criminal Offense Record Inquiry (CORI check) on me, investigate my driving record or verify my license(s) or certifications(s) as required for employment at any time during my employment. As a condition of employment an employee may be required to provide additional or updated information especially if this employee has been on workers compensation and may require both drug testing and an employment physical in order to allow us to have the necessary information for making a proper decision or reasonable accommodations, if necessary.

I understand that the Town of Harwich is an at-will employer. If employed, I understand that my employment may be terminated with or without cause at any time unless there is an applicable bargaining unit contract provision.

***My Signature Certifies that I have read and agree with the above statement
and all statements contained in this application for employment.***

Applicant Name (Please Print)

Applicant Signature

Date

TOWN OF HARWICH APPLICANT DATA RECORD

This Information is Voluntary

The Town of Harwich is committed in spirit as well as in action, to abide by all laws dealing with equal employment opportunity. It is our policy to guarantee equal employment opportunities for all qualified persons without regard to their age, race, creed, color, national origin, ancestry, marital status, gender, military status, sexual orientation, or disability, which can be reasonably accommodated.

Further, the Town will act in good faith, to affirmatively recruit and consider for promotion individuals in protected categories. Age, race, creed, color, national origin, ancestry, marital status, gender, military status, sexual orientation, or disability are not factors in employment, promotion, transfer, compensation, lay-off, disciplining and termination.

In order to effectively monitor the success of our recruitment and employment efforts, it is requested that you provide the following information.

The completion of this Data Record is voluntary. If you choose to volunteer the requested information please note that all Affirmative Action Data Records are kept in a confidential file and are not a part of your application employment or your personnel file. Your cooperation is voluntary. Inclusion or exclusion of any affirmative action data will not jeopardize or adversely affect any employment decision.

(PLEASE PRINT)

Applicant Name: _____
Last First Middle Initial

Applicant Address: _____
P.O. Box, Street, Town, State & Zip Code

Position applying for: _____ Sex: _____ Male _____ Female

CIRCLE ONE:

1. **White:** (not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
2. **Black:** (not of Hispanic origin) All persons having origins in any of the Black racial groups of Africa.
3. **Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
4. **Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for examples, China, India, Japan, Korea, the Philippines Islands, and Samoa.
5. **American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
6. **Cape Verdean:** All persons who are descendants of anyone born in the Cape Verde Islands.
7. **Unknown**

CIRCLE ONE: (If applicable)

1. **Vietnam Era Veteran** (In order to qualify for Affirmative Action status as a Vietnam Era Veteran, you must apply for Eligibility Certification which is issued by the State Office of Affirmative Action. Forms are available from the State Office of Affirmative Action, (617) 727-7441.
2. **Disabled Veteran**
3. **Handicapped Individual**